CONSENT BY COMMISSIONER

The Commissioner of the Suffolk County Department of Health Services agrees to waive further administrative enforcement action against Respondent named herein, and the Commissioner agrees to accept the Respondent's consent to the entry and issuance of this Order in full satisfaction of the department's allegations herein listed, PROVIDED THAT Respondent duly executes this Order and strictly adheres to all of its terms, conditions and provisions.

Dated: 3/23/15

James L. Tomarken, MD
MPH, MBA, MSW
Commissioner
Suffolk County Department of Heath Services

By: Christina Capobianco
Christina Capobianco
Deputy Commissioner

COUNTY OF SUFFOLK
DEPARTMENT OF HEALTH SERVICES

In the Matter of the Alleged Violation of Article 7 and Article 5 of the Suffolk County Sanitary Code, by

Dowling College
Oakdale, NY 11769

Respondent

Order on Consent
No. UPG-2014-010

December 5, 2014

GENERAL PROVISIONS

This Department alleges that the above-named Respondent has failed to comply with the provisions of the Suffolk County Sanitary Code as specified below. Because of such alleged non- compliance, the above-named Respondent consents and agrees to the issuance of this Order on Consent and agrees to be bound by the terms, provisions and conditions stated herein.

Respondent understands that by entering into this Order on Consent with the Department, it is affirmatively and voluntarily waiving its right to a formal adjudicatory proceeding with respect to the matters herein addressed. Although the Department will not pursue further enforcement action with respect to the specific alleged violations of law set forth below if the above- named Respondent enters into this Order on Consent and abides by its terms, Respondent understands that the Department is not agreeing to forbearance from pursuing enforcement action regarding alleged violations not addressed by this Order on Consent. Moreover, Respondent understands that notwithstanding its execution of this Order on Consent, its failure to strictly comply with all of the terms, provisions and conditions herein contained will revive the Department's rights regarding the violations alleged as set forth below subject to a set-off for any penalties already paid pursuant to this Order on Consent. Furthermore, Respondent is hereby advised that this Order on Consent, duly executed by Respondent's agent and the Commissioner or his duly authorized representative, has the force and effect of a Commissioner's Order, the violation of which is subject to penalties as provided in Section 218 of Article 2 of the Suffolk County Sanitary Code. Further, the Department recognizes that there is no admission of fault or guilt by Respondent concerning violations alleged in this Order on Consent.

A modification or extension of any of the provisions of this Order on Consent may be requested by submission of a written request demonstrating good and sufficient cause for the change or extension requested. No modification of this Order on Consent shall be effective unless and until it is specifically set forth in writing by the Department.

SPECIFICATION OF ALLEGED VIOLATIONS

It is alleged that Respondent, above-named failed to comply with the following Provisions of the Suffolk County Sanitary Code as indicated below:

1. On occasion, when the South West STP leaching bed is in use, water can be witnessed flowing from within the fenced leaching bed area and across the parking lot which is a violation of Section 713 of Article 7 and Section 502 of Article 5 of the Suffolk County Sanitary Code.

SPECIFIC TERMS AND CONDITIONS

In satisfaction of the above-named Respondent's alleged violations of the Suffolk County Sanitary Code, Respondent agrees to the entering and issuance of this Order of the Commissioner of the Department of Health Services, and Respondent agrees to be bound by the Terms and Conditions following, as well as by the above General Provisions. The schedule of compliance for the specific terms and conditions listed below has been developed with the expectation that the Respondent will proceed with all due diligence. All submittals shall be of the highest quality and made in a timely fashion to the Department. Failure to do so will be deemed a violation of the schedule contained within this Order on Consent and will subject the respondent to appropriate penalties. If permits from other agencies (e.g., New York State DEC, Town Zoning and/or Engineering Departments, etc.) are required to obtain this office's approval, the applicant shall submit proof of application and/or hearing dates, etc. to the Department.

1. By February 15, 2015, Respondent shall submit, in approvable form, plans and specifications, prepared by an engineer licensed by the Education Department of the State of New York, detailing the requirements necessary to prevent any water from flowing from the leaching bed area and across the parking lot when any and all leaching beds are in use.

2. By 30 days after the approval of the plans and specifications referred to in term and condition 1 above, in writing by SCDHS, Respondent shall commence construction in accordance with the approved plans and specifications referred to in Term and Condition 1 above.

3. By two (2) months after commencement of construction, Respondent shall complete the construction referred to in Term and Condition 2 above.

4. By three (3) months after completion of construction, Respondent shall submit, in approvable form, an update to the Operations and Maintenance (O&M) Manual, prepared by an engineer licensed by the Education Department of the State of New York, for the leaching bed modification mentioned above.

5. Respondent agrees to pay the sum of $500.00 each day that SCDHS determines that the leaching bed has caused water to flow onto and across the above mentioned parking lot after the construction mentioned in 3 above has been completed, tested, certified and approved by an engineer licensed by the Education Department of the State of New York .

6. Respondent agrees that in the event Respondent fails to meet any terms of conditions of this Order on Consent, the Department shall be entitled to payment by Respondent of a stipulated penalty to be calculated in accordance with the following penalty schedule:

Days of Noncompliance/Item to be Paid	% of ($2,000) Full Daily Penalty
Day 1 to 30	12.5 % of $2,000/Item/Day
Day 31 to 40	25.0 % of $2,000/Item/Day
Day 41 to 50	50.0 % of $2,000/Item/Day
Day 51 to 60	75.0 % of $2,000/Item/Day
Day 61 and Beyond	100.0 % of 2,000/Item/Day

To exercise this right for collection of additional penalty payments the Department will provide Respondent with a written notice of penalties due. Each such notice shall contain the specific information as to the nature of the violation(s) of this Order on Consent, the date(s) of the violation(s), and the amount of penalties due. Respondent shall pay all penalties assessed by the Department in this manner within thirty (30) days after the Department mails the notice of penalties due. Failure to make payment within such period of time shall be deemed a violation of this Order on Consent, and in addition shall subject Respondent to additional payment to the Department of two thousand ($2,000) dollars for each day that the payment is late.

7. Any questions pertaining to Term and Condition 1 through 6 above shall be directed to Charles E. Olsen at Suffolk County Department of Health Services, Office of Waste Water Management, 360 Yaphank Ave., Suite 2C, Yaphank, New York 11980. Telephone number (631) 852-5883.

8. Any submissions pertaining to Term and Condition 1 through 6 above shall be directed to Joyce Bazoge at Suffolk County Department of Health Services, Office of Waste Water Management, 360 Yaphank Ave., Suite 2C, Yaphank, New York 11980. Telephone number (631) 852-5700.

CONSENT BY RESPONDENT

The Respondent herein named acknowledges the authority and jurisdiction of the Commissioner of the Suffolk County Department of Health Services to issue the foregoing Order on Consent, and Respondent voluntarily waives public hearing in this matter and agrees to be bound by the terms, conditions and provisions of this Order on Consent.

Dated: 3/18/15

Respondent:

By: (Signature) Mark Carattini

(printed) MARK CARATTINI

Title: ASST FAC. DIR

Telephone: 631-244-3291

State of New York)

County of Suffolk)

On the 18 of March, 2015, before me personally came Mark Carattini to me known, who being duly sworn, deposed and said that she/he resides at , that she/he is Asst. Fac. Dir. of Respondent corporation, and that she/he signed her/his name as authorized by said corporation with full authority to do so.

Notary Public Denise Zamiello-Schiozzi

DENISE ZAMIELLO-SCHIOZZI
Notary Public, State Of New York
No. 01ZA5047118
Qualified In Suffolk County
Commission Expires July 24, 2017